

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND

Ana C. Marin

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

-against-

Life Span Corporation  
167 Point Street  
Providence, RI 02903

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

Complaint for a Civil Case

Case No. \_\_\_\_\_

*(to be filled in by the Clerk's Office)*

Jury Trial: ☐ Yes ☐ No  
*(check one)*

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Ana C Marin
Street Address	15 Palm Street
City and County	North Providence, RI
State and Zip Code	RI 02904
Telephone Number	401-626-8283
E-mail Address	Consuel234@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	LIFESPAN Corporation
Job or Title (if known)	<del>167 Point Street</del>
Street Address	167 Point Street
City and County	Providence, RI
State and Zip Code	RI 02903
Telephone Number	401-444-4000
E-mail Address (if known)	

## Defendant No. 2

Name	RI Hospital
Job or Title (if known)	
Street Address	593 Eddy Street
City and County	Providence

State and Zip Code

RI 02903

Telephone Number

401-444-4000

E-mail Address

(if known)

Defendant No. 3

Name

Maria Teresa Coutinho, PhD,

Job or Title

PHD, (Manager)

(if known)

Street Address

593 Eddy Street

City and County

Providence

State and Zip Code

RI 02903

Telephone Number

E-mail Address

(if known)

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

b. If the defendant is a corporation

The defendant, (name) Lifespan, is  
 incorporated under the laws of the State of (name)  
RI, and has its principal place of  
 business in the State of (name) Rhode Island. Or is  
 incorporated under the laws of (foreign nation)  
, and has its principal place of  
 business in (name) Lifespan Corporation

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Lost earnings + wages and all of the  
emotional / psychological damages.  
\$ 100,000

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I am the primary caregiver/caretaker of my mother, her name is Maria C Roca who is now almost 93 yrs old. My mother has dementia and therefore is disabled. I was terminated by Lifespan on Dec 14, 2019 just 7 days after I handed a letter to my manager. The letter was from my mom's physician and it stated her condition and that I was unable to do the sudden change in work hours that they wanted to impose on me. Maria Teresa Cortinho, Ph.D. was my manager and she was aware of my home situation as well as my mom's health and that I was her caregiver. Maria violated the American Disability Act as she terminated my employment at Lifespan on the basis that I took care of my mom and that I was

to work a different work schedule than what I was originally hired for. My work schedule was from 8:30-5pm - and on Saturday for an event time as well as the Wednesday a month for classes given at the hospital. Main Continho wanted to change my work hours to 11am to 9pm.

I was an employee of Lifespan before being re-hired. I was an employee for 7 years as a Medical Interpreter for The Spanish team and never had any problems to the fact that I was re-hired with excellent recommendation. Main Continho and Lifespan never offer me to take a Family medical leave which I was also entitled since I worked for the company for 7 prior years.

I ask The court and a Judge here to please review my case as I have enclosed all my documents / work offer and my mom's physician's letter addressing her health situation. In advanced thank you so much for your empathy, consideration and fairness.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*The American Disabilities Act. I am a primary caregiver/caretaker to my mom who lives with me and has dementia. The company was aware of my situation and they fired me once I provided them with documentation about her disability.*

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_ and has its principal place of business in the State of (name) \_\_\_\_\_.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.



## IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

*I am asking for relief on salary + earnings damages as a result of my unfair and unlawful termination. I am a caregiver and I'm sure there are many in the same situation that I faced and got terminated. I ask for \$104,000 for damages and my salary that was taken away without a reasonable<sup>+</sup> reason. Justified*

## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9/14, 2021

Signature of Plaintiff

Printed Name of Plaintiff

*Ana C. Marin*  
ANA C. MARIN

## B. For Attorneys

Date of signing: \_\_\_\_\_, 20\_\_.

Rev. 10/13

United States District Court  
District of Rhode Island\_\_\_\_\_  
PlaintiffAPPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

v.

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
DefendantI, ANA C MARIN, declare that I am the (check appropriate box)☐

Petitioner/Plaintiff/Movant

☐

other \_\_\_\_\_

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?

☐

Yes

☒

No

(If "No," go to part 2)

If "Yes," state the place of your incarceration:

Are you employed at the institution?

☐

Yes

☒

No

Do you receive any payment from the institution?

☐

Yes

☒

No

If the answer is "Yes," attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past (6) six months' transactions.

2. Are you currently employed?

☐

Yes

☒

No

a) If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer:

b) If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. Also, explain how you have been supporting yourself:

I have been collecting unemployment and now my unemployment has terminated. My last employer was United Health Care located in Warwick, RI. Last employment 11/19/20



3. Have you received in the past (12) twelve months, or do you anticipate receiving in the future, any money from any of the following sources?

- |                                                   |                                         |                                        |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|
| a) Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b) Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c) Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d) Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e) Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f) Any other persons or sources                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive:

Caregivers home of RI - \$1178 - Monthly payment

4. List anyone who helps support you or shares support in any way and describe the type and amount of such support for the last twelve months. If no one, write "NO ONE."

5. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount: \$1000

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value:

I have a mortgage to pay on my home  
I have both home & Auto Insurance to pay

7. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☒ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense:

Food expense - Mortgage Bill approx \$1300 = Approximately  
- Electric Bill \$200 = approximately  
- Gas Bill \$70 = approximately  
- Water Bill \$80 = " "  
- Sewer Bill \$80 = " "  
Student Loans - on hold due to Pandemic

8. Do you have any debts or financial obligations?

☒ Yes☐ No

If "Yes," describe the amounts owed and to whom they are payable:

I still have a mortgage on my home and I owe about \$170,000 & a second mortgage to the SBA due to Janayes cause about 18 yrs app. I also owe over \$25,000 on student loans

9. Have you transferred any assets within the last 12 months prior to filing this application?

☐ Yes☒ No

If "Yes," describe the asset and state its value:

10. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you actually contribute to their support. Please list minor children by initials only.

María C. Roca → dependent mom who has dementia and lives with me.

I declare under penalty of perjury that the above information is true and correct.

9/14/21

Date

Aya C. Mamen  
Signature of Applicant

NOTICE TO PRISONER: A prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

FOR COURT PURPOSES ONLY:

☐

APPROVED

☐

DENIED

U.S. MAGISTRATE JUDGE

DATE